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## BIB DATA SHEET

CONFIRMATION NO. 7410

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/457,201	12/06/1999 RULE	604	3763	CB-07-1
<b>APPLICANTS</b> TERRY S. DAVISON, SAN FRANCISCO, CA; JEAN WOLOSZKO, MOUNTAIN VIEW, CA; MICHAEL A. BAKER, WOODSIDE, CA; HIRA V. THAPLIYAL, LOS ALTOS, CA; PHILIP E. EGGERS, DUBLIN, OH;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/248,763 02/12/1999 PAT 6,149,620 and claims benefit of 60/096,150 08/11/1998 and claims benefit of 60/098,122 08/27/1998 which is a CIP of 08/795,686 02/05/1997 PAT 5,871,469 which is a CIP of 08/990,374 12/15/1997 PAT 6,109,268				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 01/11/2000				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /MANUEL A MENDEZ/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 31	<b>TOTAL CLAIMS</b> 36
<b>INDEPENDENT CLAIMS</b> 7				
<b>ADDRESS</b> ARTHROCARE CORPORATION 7500 Rialto Boulevard Building Two, Suite 100 Austin, TX 78735-8532 UNITED STATES				
<b>TITLE</b> SYSTEMS AND METHODS FOR ELECTROSURGICAL TISSUE TREATMENT				
<b>FILING FEE RECEIVED</b> 1360	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	